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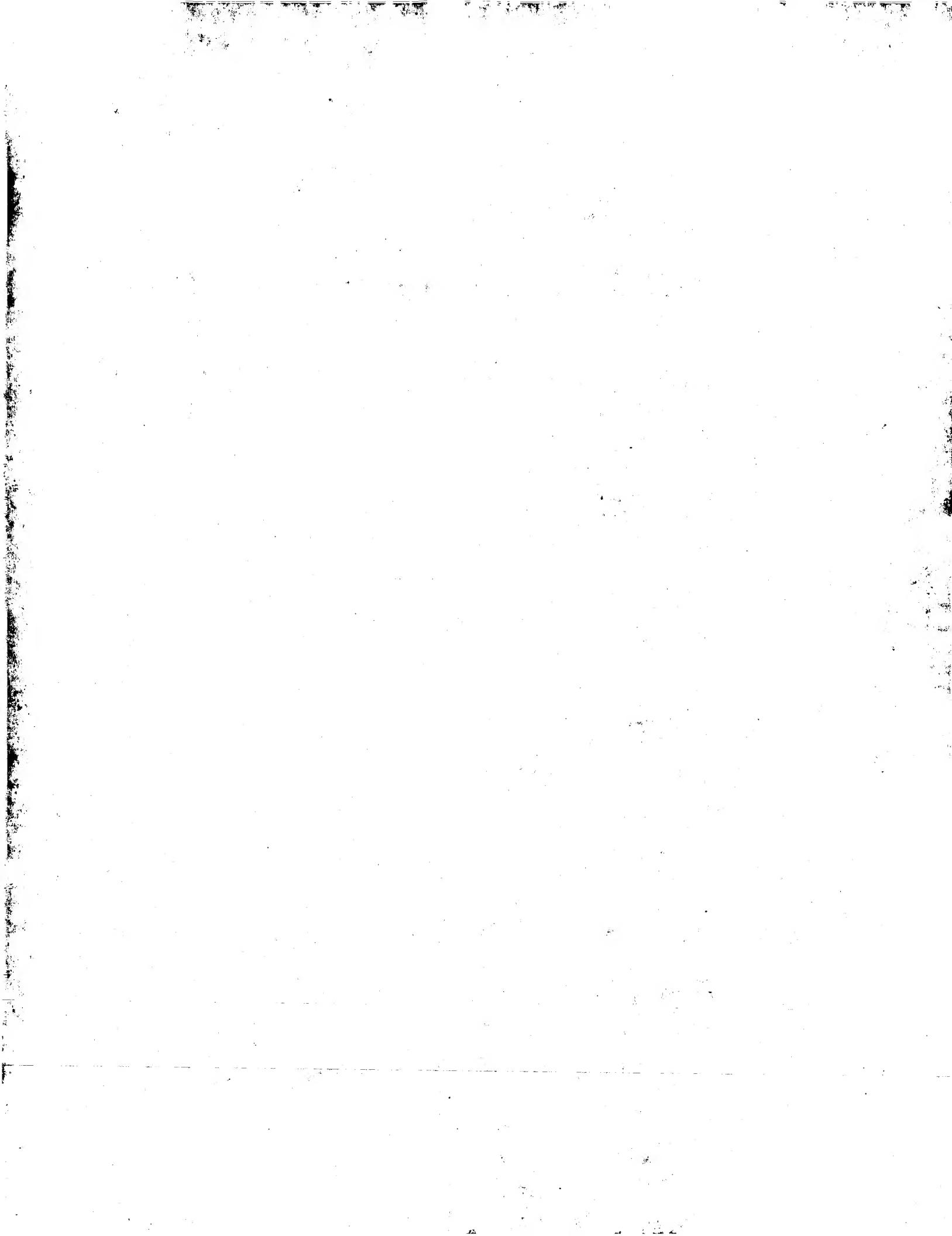
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INTERNATIONAL APPLICATION PUBLISHED UNDER THE PATENT COOPERATION TREATY (PCT)

(51) International Patent Classification <sup>6</sup> : <b>A61F 13/00</b>		A1	(11) International Publication Number: <b>WO 97/04728</b>
			(43) International Publication Date: 13 February 1997 (13.02.97)
(21) International Application Number: PCT/US96/12319		(81) Designated States: AL, AM, AT, AU, AZ, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GE, HU, IL, IS, JP, KE, KG, KP, KR, KZ, LK, LR, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, TJ, TM, TR, TT, UA, UG, UZ, VN, ARIPO patent (KE, LS, MW, SD, SZ, UG), Eurasian patent (AM, AZ, BY, KG, KZ, MD, RU, TJ, TM), European patent (AT, BE, CH, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE), OAPI patent (BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG).	
(22) International Filing Date: 26 July 1996 (26.07.96)			
(30) Priority Data: 508,463 28 July 1995 (28.07.95) US			
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Published <i>With international search report.</i>			

(54) Title: APPARATUS AND METHODS FOR IMPROVED NONINVASIVE DERMAL ADMINISTRATION OF PHARMACEUTICALS

(57) Abstract

An apparatus, product formulation, and method for improved dermal permeation of pharmaceuticals wherein the apparatus includes a thin drug formulation reservoir and a heat-generating chamber separated by a first non-permeable wall, wherein the reservoir and chamber are formed in or supported by a housing. The drug formulation reservoir houses or is capable of housing a predetermined amount of a formulation containing pharmaceutically-active agent(s). The heat-generating/temperature-regulating chamber includes a medium for generating controlled heat, preferably a chemical composition made of carbon, iron, water and/or salt which is activated upon contact with air (oxygen). The function of the heat-generating/temperature-regulating element is to heat the user's skin, rapidly bring the skin temperature to a desired and elevated narrow range and keep it in this range for sufficient time to obtain more rapid, enhanced and less variable dermal absorption of selected pharmaceutically-active agents and to obtain improved clinical effects. Structure for controlling the generation of heat is also disclosed. The apparatus may optionally include a spacing or standoff structure which spans the drug formulation reservoir between the non-permeable wall and the user's skin surface for maintaining a predetermined thickness of the drug formulation on the user's skin surface. Also, a novel product formulation which can be used with the apparatus which uses high percentage of eutectic mixture of local anesthetics to reduce the overall degradation rate of the local anesthetic compound(s) in formulations which are subject to hydrolysis.

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## APPARATUS AND METHODS FOR IMPROVED NONINVASIVE DERMAL ADMINISTRATION OF PHARMACEUTICALS

5        **Technical Field.** The present invention relates to novel formulations of pharmaceutically-active agents and to novel devices and methods to obtain more rapid, enhanced and less variable dermal absorption of same, and more particularly to devices, formulations and methods for obtaining rapid, enhanced and less variable non-invasive anesthetization of the skin before painful medical procedures,  
10      such as injections, cannulations, skin grafts, biopsies, minor superficial surgeries, and the like.

15        **Background Art.** The topical, dermal administration of drugs has long been known in the practice of medicine. (For purposes in this application, the terms "dermal" and "skin" relate to human skin and mucosa through or into which pharmaceutically-active agents are delivered. These pharmaceutically-active agents include but are not limited to topically, regionally, and systemically targeted drugs.) In the early 1970s, patents relating to advanced transdermal drug delivery systems began to issue. These devices were designed to hold one or more drugs and were affixed to the user such that the drug(s) contacted the user's skin for absorption of  
20      said drug(s).

25        In the early 1980s, more advanced systems were developed, such as U.S. Patent No. 4,286,592 issued September 1, 1981 to Chandrasekaran. This patent shows a bandage for administering drugs to a user's skin consisting of an impermeable backing layer, a drug reservoir layer composed of a drug and a carrier, and a contact adhesive layer by which the bandage is affixed to the skin.

30        It is known that elevated temperature can increase the absorption of drugs through the skin. It is thus conceivable that variable skin temperature can cause variable absorption of drugs in dermal drug delivery systems, which phenomenon could cause variable clinical profiles, such as variable onset time. To date, minimizing variability in skin drug absorption has been mainly through the use of rate limiting membranes, and no known prior art has attempted to minimize variability of dermal drug absorption by regulating the skin temperature. U.S. Patent No. 4,898,592 issued February 6, 1990 to Latzke et al. relates to a device for the application of heated transdermally absorbable active substances which

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includes a carrier impregnated with a transdermally absorbable active substance and a support. The support is a laminate made up of one or more polymeric layers and optionally includes a heat conductive element. This heat conductive element is used for distribution of the patient's body heat such that absorption of the active 5 substance is enhanced. However, this device has no heat-generating element or function. Thus, the use of this heat conductive element to distribute body heat is not an efficient or reliable method of enhancing transdermal absorption by heating since the amount of body heat given off by a patient can vary depending on the ambient air temperature and the physical conditions of the patient.

10 U.S. Patent No. 4,747,841, issued May 31, 1988 to Kuratomi et al., discloses a method and apparatus for moxibustion using a heat-generating element to heat and vaporize "moxa" for treatment of a patient's skin without leaving burn scars. Further, the focus of this patent is to achieve heat stimulation of the body and not to increase skin permeability. This teaching of heat stimulation of the body 15 is contrary to the present invention, wherein stimulation of the body is to be minimized, particularly with pediatric patients. Finally, the reference teaches away from lower-temperature heating of the skin as not fully utilizing the moxa ingredients.

U.S. Patent No. 4,230,105, issued October 28, 1980 to Harwood, discloses 20 a bandage with a drug and a heat-generating substance, preferably intermixed, to enhance the rate of absorption of the drug by a user's skin. Separate drug and heat-generating substance layers are also disclosed. Water must be applied to the bandage to activate the heating substance. In addition, the hydration process disclosed in this patent produces much less energy per unit mass than the heat- 25 generating medium of the present invention. It also generates most of its heat in a relatively short time (in comparison to the medium employed in the present invention) and thus is not capable of providing stable heat for an extended duration. It is also incapable of regulating skin temperature in a desired range for extended duration. Once activated, heating temperature cannot be controlled.

30 U.S. Patent No. 4,685,911, issued August 11, 1987 to Konno et al., discloses a skin patch including a drug component, and an optional heating element for melting the drug-containing formulation if body temperature is inadequate to do so. The heating element is not substantially co-extensive with the drug reservoir,

the latter being quite thick and thus not susceptible to even and rapid onset of heating.

It is desirable to noninvasively anesthetize the skin before some painful medical procedures, such as injections, cannulations, skin grafts, biopsies, minor superficial surgeries, and the like. EMLA™ (Eutectic Mixture of Local Anesthetics), a lidocaine-prilocaine formulation made by Astra, is widely used for these purposes. It is generally applied as a cream, then covered with a plastic bandage (cream-plus-cover system). EMLA's onset time (In this application, the term "onset time" is defined as the time between the start of the administration of the drug delivery system and the commencement of the desired clinical effect) in most cases ranges from about 45 minutes to 90 minutes, or even longer, depending on the individual and the position and condition of the skin. This lengthy and quite variable onset time can cause prolonged and difficult to predict waiting on the part of patients, physicians and nurses in many situations.

EMLA's long and highly variable onset time is likely due to the two local anesthetic agents (lidocaine and prilocaine) used, as well as the lack of heating and control of skin temperature. Tetracaine is believed to be significantly better than lidocaine at producing full-depth skin anesthesia, but is subject to significant hydrolytic degradation.

A tetracaine/lidocaine eutectic mixture was discussed in U.S. Patent 4,529,601 (the "'601 patent") issued July 16, 1985, but not claimed.

McCafferty et al. in their publications and patents [PCT/GB88/00416; GB2163956; Br. J. Anaesth. 60:64 (1988); 61:589 (1988), 62:17(1989), 71:370 (1993)] mentioned a number of systems and formulations for non-invasive skin anesthesia, and discussed the advantages of a patch system over a cream-plus-cover system. They stated that an effective preparation should contain the minimum concentration of local anesthetic consistent with producing the desired clinical effect, and that onset times could not be reduced further by increasing the local anesthetic concentrations in their formulations after passing certain concentration.

In addition, none of prior art systems for noninvasive skin anesthesia have element or mechanism for regulating and increasing skin temperature. The low and uncontrolled skin temperature can lead to slow and widely variable onset time of anesthetic effect. That is because skin permeabilities of drugs are generally greatly

influenced by skin temperature which is affected by ambient temperature and the user's physical condition, and thus can be quite variable if uncontrolled.

Therefore, it would be advantageous to develop an apparatus and method which achieves more rapid, enhanced and less variable dermal permeation of pharmaceuticals through the means of heating the skin and regulating the skin temperature, and which, more specifically when used with anesthetics, results in shorter onset times, achieves less variation in onset times by rapidly heating the skin temperature to a desired narrow range and maintaining the temperature in this range for a desirable length of time. It would also be advantageous to develop a novel product formulation which significantly improves the shelf-life of a product that contains a pharmaceutically-active agent(s) which is subject to hydrolytic degradation.

#### DISCLOSURE OF INVENTION

15 The present invention provides some important advantages over prior art pharmaceutically-active formulations and devices for rapid, enhanced and less variable dermal drug absorption with a novel apparatus and method of using same. It also offers a novel formulation and apparatus that have important advantages over prior art formulations and apparatus for non-invasive skin anesthesia.

20 The present invention provides novel apparatus and formulations, and the method of using same, for achieving improved therapeutic effect by dermal absorption of pharmaceutically-active agents. It also offers a method to increase relative chemical stability of certain chemically unstable ingredient(s) in the formulations.

25 One aspect of the present invention is a pharmaceutical administering device which has a drug formulation reservoir and a heat-generating chamber separated by a non-permeable wall, wherein the reservoir and chamber are formed in or supported by a housing, which may be formed completely or partially of a thermal insulating material to better contain the generated heat between the device and the user's skin. The drug formulation reservoir houses or is capable of housing a predetermined amount of a pharmaceutically-active formulation, preferably a firm gel under room/storage temperature which either remains as a gel, melts or significantly softens when heated, depending on the gelling agent(s) used.

The heat-generating chamber (heating element) includes means for generating controlled heat (electrical, chemical, etc.). Preferably, the heat-generating means is a chemical composition made of carbon, iron, water and/or salt which is activated upon contact with air (oxygen). The preferred heat-generating chamber has means 5 for allowing the heat-generating medium to have limited and controlled contact with ambient air, such as a cover or housing with opening(s), areas with semipermeable membrane(s) or entire surfaces made of semipermeable membrane(s). The advantages offered by this chemical type of heat-generating composition, when used in the apparatus of this application, include high thermal energy per unit mass, rapid 10 onset of heating, stable and controllable heating temperature over extended duration, light weight, independent operation (i.e. no need to be hooked up to any machine such as is necessary in electrical heating systems), and relatively low cost.

A typical exemplary (not necessarily optimal) heating device according to the present invention has the following values and parameters:

15        • 0.2 grams heat-generating medium per cm<sup>2</sup>.  
          • heat-generating medium composition: 2:2:3 (W:W:V) activated  
            carbon:reduced iron powder:10% NaCl/water solution. (i.e.  
            2g:2g:3ml)  
          • Approximately 1.5% of the top membrane area comprises  
20        microporous polyethylene film (such as msx 1137P™, made by 3M  
            Corp.). The rest of the top membrane area comprises nonpermeable  
            membrane or closed-cell foam tape.

When used under normal conditions, warmth should be felt within approximately three minutes after the device is activated. The temperature should 25 be within 2°C. or less of the steady state temperature within ten minutes from the activation. It is possible that steady state temperature may be reached even more quickly through optimization of the heat generating medium and control mechanisms. The temperature at the skin should remain substantially at the steady state temperature ( $\pm 2^{\circ}\text{C}$ . variation) for preferably 30 minutes or longer, before 30 cooling down slowly.

To use this pharmaceutical administering device, the user activates the heat-generating chamber (with the preferred embodiment, the user exposes the device to air by removing it from an air-tight storage container), after which the user affixes

the device with the formulation containing the pharmaceutically-active agent adjacent to the skin area.

A variation of the device has very similar features as the one described above, except the drug reservoir is unloaded. To use, the user removes the device from the air-tight container to activate the heating element, places the selected drug formulation into the empty drug reservoir, then affixes the loaded device onto the skin with the drug formulation adjacent to the skin. This arrangement allows the user to use the same device with selected independent formulation to achieve improved clinical effects.

The device can also be made such that it does not have the drug reservoir, and the lower side of the bottom of the wall of the heat-generating chamber is adhesive. This device is actually an "heating cover" and can be used with selected independent transdermal drug delivery systems, such as, by way of example only, cream, gel or patch types. To use, the user removes the "heating cover" from the

air-tight container, applies the independent dermal drug delivery system onto the skin, then places the "heating cover" on top of (over) the independent dermal drug delivery system. The onset time of the selected independent dermal drug delivery system as well as variations thereof may be significantly reduced by the heat generated in the heating cover. This device may potentially be used with many

independent dermal drug delivery systems to achieve improved clinical effect. For example, the onset time of EMLA can be shortened by using this "heating cover," as illustrated by Example 3 herein.

The pharmaceutical administering device can also include spacing or standoff means which spans the drug formulation reservoir between the non-permeable wall and the user's skin surface. The spacing or standoff means maintains a predetermined thickness and contact surface area of the drug formulation on the user's skin surface. The spacing or standoff means, or the periphery of the housing, may include structure for engaging a gelled, solidified or viscous formulation and maintaining it in the drug formulation reservoir.

The pharmaceutical administering device of the invention effects heating the skin to a desired narrow temperature range for sufficient time to achieve rapid and less variable dermal drug absorption, and is convenient to use (i.e. light weight, small volume, not hooked up to other equipment, etc.).

Additionally, the pharmaceutical administering device, when used to administer topical anesthetics, results in a combination of shorter onset times, less variation in onset times, and greater convenience of use than presently known non-invasive topical anesthetic administering techniques.

5       The present invention also includes a novel anesthetic formulation which can be used with the disclosed pharmaceutical administering devices. The anesthetic formulation is an emulsion formulation, preferably a gelled-emulsion. A preferred formulation of the anesthetic is a gelled-emulsion with an oil phase being a eutectic mixture of local anesthetics (tetracaine base and lidocaine base in the preferred  
10 formulation) and an aqueous phase being water with a gelling agent(s) and/or a thickening agent(s), and optionally a pH regulating agent(s), and/or coloring agent(s). The gelled emulsion may remain as a gel, soften, or melt by body heat or external heating, depending on the gelling agent(s) and/or the thickening agent(s) used.

15       Compared with EMLA, the only known widely used product with similar applications, the presently claimed invention should provide shorter anesthetic onset time and less variation in onset time (see Examples 1, 3 and 4 herein), and longer duration of effect (approximately 5 hours to 8 hours vs. 2 hours for EMLA).

20       As noted above, coloring agents can also be incorporated into the formulation. The color left by the formulation on the skin can indicate the skin area treated, and thus the area which should be numb.

#### BRIEF DESCRIPTION OF DRAWINGS

While the specification concludes with claims particularly pointing out and  
25 distinctly claiming that which is regarded as the present invention, the objects and advantages of this invention may be more readily ascertained from the following description of the invention, when read in conjunction with the accompanying drawings in which:

30       FIG. 1 is a side plan cross-sectional view of an embodiment of the pharmaceutical administering device with pre-loaded pharmaceutically-active formulation;

**FIG. 2** is a side plan cross-sectional view of another embodiment of the pharmaceutical administering device providing an empty reservoir to be filled with a pharmaceutically-active formulation immediately before use; and

5      **FIG. 3** is a side plan cross-sectional view of yet another embodiment of the pharmaceutical administering device which omits a reservoir and is placed over an independent dermal drug deliver system which is first applied to the skin.

#### **MODES FOR CARRYING OUT THE INVENTION**

10     **FIG. 1** is a side plan cross-sectional view of an embodiment of the pharmaceutical administering device 10. The device 10 has two main compartments: a drug formulation reservoir 12 and a heat-generating chamber 14 separated by a non-permeable wall 16. The drug formulation reservoir 12 and the heat-generating chamber 14 are formed in or supported by frame or housing 18, which may be circular, rectangular, or any other suitable shape. The drug 15 formulation reservoir 12 houses a predetermined amount of a formulation containing pharmaceutically-active agent(s) 20. Reservoir 12 and chamber 14 are preferably substantially co-extensive for uniform heating of the formulation 20 containing agents.

20     The heat-generating chamber 14 can utilize a variety of known means for heating (electrical, chemical, etc.). A preferred heat-generating chamber 14 comprises a heat-generating medium 28 made of carbon, iron, water and/or salt, which is activated upon contact with air (oxygen). Said preferred heat-generation chamber 14 is capped by a structure 22 which has substantially non-air permeable area(s) 24 such as area(s) preferably formed with good thermal insulating material 25 such as closed-cell foam tapes, and opening(s) or area(s) 26 comprising material with desired permeability to air (i.e. microporous semi-permeable membranes). It is conceivable that the entire structure 22 may be made of semipermeable membrane with desired air permeability. In that case, surface 22 does not have openings or areas impermeable to air. The air (oxygen) permeation across the structure 22 may 30 be varied to adjust the temperature and duration of the heating process.

Thus, it is necessary to store the entire preferred device 10 in an air-tight packaging, or container, or to employ a removable barrier (not shown) over the

semipermeable membrane(s) or openings 26 to prevent premature activation of heat-generating medium 28.

Prior to use, the device 10 is removed from the container. The heat-generating medium 28 is activated or in the preferred embodiment begins to generate heat as air starts to flow into it through at least one opening or at least one area of semipermeable membrane 26 of surface 22. The user removes a protective bottom barrier layer (not shown) covering the drug reservoir chamber 12 to expose the formulation 20 containing pharmaceutically-active agent(s). Optionally, the housing 18 includes an adhesive surface 30 along its periphery which is simultaneously exposed with the removal of the protective bottom layer. The device 10 is then affixed to the skin area 32 to be treated, such that the formulation 20 containing pharmaceutically-active agent(s) is adjacent the skin area 32, or optionally, the adhesive surface 30 adheres to a portion of the skin area 32 to keep the device 10 in place over the skin area 32. The housing 18 is preferably made from a flexible foam which is substantially deformable to contour to the surface of the skin area 32, thereby assuring an intimate formulation-skin contact and assisting in containing the formulation 20 within the confines of the drug formulation reservoir 12, the housing 18, and the skin area 32.

The device 10 may also include spacing or standoff means 34 between the non-permeable wall 16 and the skin area 32. The spacing or standoff means 34 may be a grid, parallel baffles, concentric circles, pins, posts, a sponge-like 3-D matrix, or any other configuration which could span or bridge the space between the first non-permeable wall 16 and the skin area 32 while still allowing the formulation 20 to reside within the thin drug formulation reservoir 12 or within the 3-D matrix when such matrix is used. The spacing or standoff means 34 maintains the thickness of the drug formulation on the skin area 32, and prevents the drug formulation being pushed away from skin area 32 to maintain the full design surface area of contact between the formulation 20 and skin area 32.

It is also possible and preferable in some instances to provide formulation retention structure within or around drug formulation reservoir 12 to hold a gelled, solidified or viscous formulation 20 in the device 10 when the protective bottom layer is removed to expose the formulation 20. Such retention structure may comprise hooks, barbs or loops secured to wall 16, and which may be incorporated

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in spacing or standoff means 34. The housing or frame 18 may be formed with a lip or an inwardly-extending flange or inclined sidewall to engage a gelled, solidified or viscous formulation 20 at its periphery. Various structures for the aforementioned purpose are illustrated in FIG. 2 for clarity, since no formulation 20  
5 is disposed in drug formulation reservoir 12 in that drawing figure.

It is, of course, understood that the pharmaceutical administering device 10 may be used to deliver a multitude of drugs, such as (by way of example and not limitation) antifungal agents (i.e., ciclopirox and others), antibiotics agents (i.e., mupirocin, erythromycin, and others), antiseptic agents (i.e., benzoic acid,  
10 nitrofurazone, and others), and anti-inflammatories (i.e., hydrocortisone, prednisone, and others). The drugs may be topically, regionally and systemically targeted agents (i.e., ketorolac, indomethacin and others). Additionally, penetration enhancing agents can also be incorporated. However, one preferred use is for the delivery of topical anesthetics. A preferred formulation of the anesthetic(s) is a  
15 gelled-emulsion with the oil phase being a eutectic mixture of local anesthetics (tetracaine base and lidocaine base in the preferred formulation) and the aqueous phase being water with gelling agent(s), and/or emulsifying agent(s), and, optionally, pH regulating agent(s), and/or coloring agent(s). When a coloring agent(s) is incorporated into the formulation, the color left by the formulation can  
20 indicate the skin area treated and thus the area which should be numb.

The percentages (%) expressed herein should be assumed to indicate percentage by weight unless otherwise indicated.

The gelled emulsion may stay as a gel or soften or melt by body heat or external heating, depending on the gelling agent(s) and/or the thickening agent(s)  
25 used.

Ingredients and their quantities in a typical exemplary (not necessarily the most optimal) formulation are as follows:

The oil phase (12% of total formulation weight):

- (1:1 W:W) tetracaine/lidocaine eutectic mixture.

30 The aqueous phase (88% of total formulation weight):

- 5% (weight) carrageenin (gelling agent), 0.093% (weight) NaOH (pH regulating agent) in water.

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Compared with much lower percentages the percentage of eutectic mixture of lidocaine and tetracaine used in the preferred formulation does not seem to provide shorter onset time. However, this novel approach, which opposes the prevailing beliefs and thinking in this art, allows a larger percentage of tetracaine base, a  
5 chemical subject to hydrolytic degradation when in contact with water, to "hide" in the eutectic mixture oil droplets and avoid contact with water. The chemical stability of overall tetracaine base in the formulation is thus dramatically improved, meaning that a smaller percentage of all tetracaine in the formulation is lost to hydrolytic degradation per unit time (see TABLES 1-3, infra). This stability  
10 improvement should make shelf-life of the formulation long enough so that it can be used in practical and commercially viable pharmaceutical products.

Other anesthetics in oily solutions or eutectic mixtures may also be used in the formulation.

Preferably, the formulation 20 containing pharmaceutically-active agent(s)  
15 (whether such agents are anesthetics or other pharmaceuticals) is a gel under room/storage temperatures which either stays as a gel or melts or softens when heated to approximately 30°C. or higher, depending on the gelling agent(s) and/or thickening agent(s) used. The gelled formulation allows easy incorporation into a patch type device which is more convenient to use than the cream-plus-cover system  
20 presently widely used in the industry. Formulations that significantly soften or melt by heating may offer more intimate contact with skin. They may also offer more sustainable and/or rapid action if the restriction of the movement of the oil phase in the formulations has significant adverse impact on the rate and/or sustainability of absorption of the active drug(s). The use of the heat-generating medium 28 in the  
25 pharmaceutical administering device 10 rapidly brings the skin temperature to desired narrow range and keep it in this range for a desired duration which significantly reduces the length and variability of onset times and increases drug flux for anesthetics as well as other pharmaceutical agents. Flux may be defined as the amount of drug across the skin per unit time per unit area in sustained release.

30 There are two possible mechanisms that an active drug in an oil-in-water emulsion formulation can enter the skin: first, the oil droplets contact the skin and deliver the drug to skin and second, the dissolved drug in the aqueous phase contacts and penetrates the skin. It is conceivable that while both mechanisms can

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exist in a given formulation, it is likely one is dominant over the other and thus determines the onset time. For emulsion formulations of the present invention, in which the oil phase is the eutectic mixture of local anesthetics, most of the active drugs exist in the oil phase. It was thus thought the first mechanism was dominant  
5 in the formulations of this invention. In situations where the first mechanism is dominant, it was believed to be crucial that the oil droplets move relatively freely in the formulation such that the drugs can keep coming to contact with the skin as the drug(s) are being absorbed by the skin. Thus, gelling the matrix was thought to have a significant adverse effect in some instances because a hydrogel is a three-dimensional polymer chain framework holding the solvent, in which movement of larger particles is more hindered than movement of smaller ones (oil droplets, even small ones, are many orders of magnitude larger than dissolved molecules). To  
10 utilize advantages of both the gel and the soft cream type matrices, it was considered in the practice of this invention most advantageous to use melting gel as  
15 the matrix of the present invention. However, it was surprisingly discovered that similar onset time is obtained in the melting type and the non-melting type gels which suggests that the onset time is determined by dermal absorption of drugs (especially tetracaine) dissolved in the aqueous phase, although that is only a small fraction of the total drug in the formulation. This surprising discovery would allow  
20 gelling the formulation, which is almost required by a patch, without compromising the onset time. Of course, it is possible that different formulations have different dominant mechanisms.

As previously mentioned, the preferred formulation uses high percentage of eutectic mixture of local anesthetics which significantly increases the chemical  
25 stability of overall local anesthetic compound(s) (such as tetracaine) which is subject to hydrolysis in water-containing formulations.

McCafferty et al. pointed out that, in their non-invasive skin anesthesia formulations, the anesthesia onset time did not shorten further with increasing percentage of local anesthetic compound (tetracaine) after certain points. The  
30 experimental results for the present invention suggest that this is true for the preferred formulation in this invention. It was observed that formulations containing approximately 6% and 12% (weight) eutectic mixture of 1:1 lidocaine base and tetracaine base provided about the same anesthesia onset time. So, given

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the knowledge of onset time vs. concentration relationship and drawbacks associated with high active drug concentration, a person skilled in the art would not choose to use a concentration of local anesthetics higher than this necessary concentration.

However, experimental results of the inventors herein show that the use of higher eutectic mixture concentrations would significantly reduce the overall degradation rate of the hydrolysis susceptible compound(s) that is a component of the eutectic mixture, and thus prolong the shelf-life of the formulation.

The following is the analysis using an emulsion formulation, oil phase of which is the eutectic mixture of lidocaine and tetracaine (hydrolysis susceptible compound). The hydrolysis susceptible compound in such oil-in-water emulsions exist in both the oil phase (in the oil droplets) and the aqueous phase (dissolved). Only the hydrolysis susceptible compounds in the aqueous phase and at the surface of the oil droplets may undergo hydrolytic degradation, because no such reaction can take place without water (there might be trace amount of water inside the oil droplet that may cause hydrolytic degradation inside the oil droplet, but the effect should be minute). The maximum quantity of the hydrolysis susceptible compound that can exist in a given aqueous phase is limited by its aqueous solubility, which is quite low for lidocaine and tetracaine bases. Therefore, after a certain point, increasing the percentage of the eutectic mixture in the formulation does not further increase the amount of hydrolysis susceptible compound that is dissolved in the aqueous phase and subject to hydrolytic degradation (the amount of hydrolysis susceptible compound at the oil droplet surface may be slightly increased, but this effect is disproportionately small). In other words, the higher the percentage of hydrolysis susceptible compound-containing eutectic mixture in an oil/water emulsion, the lower the percentage of the total hydrolysis susceptible compound which is subject to hydrolytic degradation. The result is longer shelf life.

High percentage of local anesthetic(s) in cream-plus-cover formulations may be undesirable because it increases systemic toxicity potential, especially when the formulation is not used properly (i.e. applied on a large area of compromised skin).

However, the patch design of the present invention can minimize this problem by using a thin (shallow) drug reservoir as shown in the drawings, which provides a well defined contact area and allows the use of high percentage but not too high total quantities of the anesthetic agents.

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This ability to increase shelf life is demonstrated by the actual experimental results below. Three formulations (A, B and C) were made. The formulations had identical aqueous phase composition (5 parts (weight) of Gelatin type B 125 bloom, 95 parts of water containing 0.4% (weight) Pemulen TR2™ (a polymeric emulsifier made by B. F. Goodrich Co.) and 0.186% NaOH), but had different concentrations of 1:1 tetracaine:lidocaine eutectic mixture: A: 6.0%, B: 12.1%, C: 2.8% (weight). Portions of the formulations were placed in an approximately 48°C. oven with other portions at room temperature. Concentrations of tetracaine (hydrolysis susceptible compound) and lidocaine in the mixtures were determined after approximately 4 days and 55 days with high performance liquid chromatography (HPLC).

Changes in tetracaine concentrations should, and did, clearly reflect the increased stability with increasing percentage of the eutectic mixture. However, since lidocaine is much more stable than tetracaine in the aqueous environment, tetracaine/lidocaine concentration ratio in a given sample is probably a better parameter than tetracaine quantity itself to describe the stability of tetracaine, because it is much less susceptible to most of experimental errors (i.e. those from sample weighing, dilution, etc.). In other words, the higher the tetracaine/lidocaine ratio, the more stable the tetracaine. The following are experimental results:

TABLE 1 (after 4 days in 48°C. oven)

<u>Formulation</u>	<u>Eutectic mixture conc. (weight)</u>	<u>Average tetracaine/lidocaine ratio</u>
C	2.8%	0.924
A	6.0%	0.954
B	12.1%	0.974

TABLE 2 (after 55 days in room temperature)

<u>Formulation</u>	<u>Eutectic mixture conc. (weight)</u>	<u>Average tetracaine/lidocaine ratio</u>
C	2.8%	0.920
A	6.0%	0.963
B	12.1%	0.993

30

TABLE 3 (after 55 days in 48°C. oven)

<u>Formulation</u>	<u>Eutectic mixture conc. (weight)</u>	<u>Average tetracaine/lidocaine ratio</u>
C	2.8%	0.102
A	6.0%	0.375
B	12.1%	0.671

The results show that over time in both room temperature and 48°C., higher content of eutectic mixture result in lower degradation rate of tetracaine in the formulation.

To obtain significantly improved overall stability of tetracaine, the preferred 5 percentage weight of tetracaine/lidocaine eutectic mixture in the formulation is over about 6.0%, preferably over about 12.0%, and most preferably over about 18%.

An important novel feature of this invention is that the devices have the capacity to heat and regulate skin temperature to a desired and elevated, narrow range for a sufficient length of time. As mentioned above, long and highly variable 10 onset times are two major drawbacks of EMLA, the only widely used product for noninvasive skin anesthesia. It is also known that skin permeability to pharmaceutically-active agents is significantly affected by skin temperature, which can vary widely depending the ambient temperature and the user's physical conditions. Thus, regulating skin temperature to an elevated and narrow range for 15 sufficient time should not only shorten the onset time, but also reduce the variation in onset time and enhance flux or absorption of the pharmaceutically active agents. Both of these will benefit the patient and physician/nurse significantly. However, a device for heating/regulating skin temperature for this application is not trivial to design and make, because it has to meet several important and unique requirements: 20 enough thermal energy in a small volume of heat-generating medium to sustain a sufficient duration of heating, rapid onset of heating balanced with desired steady state temperature, light weight, convenience of use (preferably not hooked up to an instrument), and low cost. It is also desirable to be able to vary heating temperature after activation. No known prior art device has been designed or made 25 for this purpose or is capable of meeting all these requirements.

The preferred heating and temperature regulating element of this invention employs a chemical heat-generation composition 28 containing carbon, iron powder, water, and/or salt. The advantages offered by this heating element include high thermal energy per unit mass, rapid onset of heating, controlled and relatively stable 30 heating temperature over extended duration, light weight, independent operation (i.e. no need to be hooked up to any machine), and low cost. Rapid onset of heating and a predetermined steady state temperature can be both achieved by

selecting the quantity and composition of heat-generating medium 28 per unit area and controlling air flow rate.

It may be beneficial to optionally have a mechanism for the user to reduce and control the heating temperature. A reduction in air flow to the preferred embodiment for the heating element (i.e. activated carbon:reduced iron powder:10% NaCl/water solution) will result in a slowing of the exothermic reaction thereby reducing the heat.

One means to reduce air flow rate is to place a few small pieces of tape 31 (see FIG. 1) in a convenient place on the device. The tape can be peeled off and placed on top of the opening(s) 26, the semipermeable membrane area(s) 26 or the semipermeable membrane surface as shown in FIG. 1 in broken lines to reduce air flow and thus temperature.

Another means to reduce air flow rate is to provide the exposed area of the openings or semipermeable membrane with an adjustable (rotationally or linearly slidable) lid 33 (see FIG. 2) to close off some or all of the exposed area. Alignable apertures 35 may be included in lid 33 to effect partial closure or occlusion of multiple openings or areas 26.

A typical exemplary (not necessarily optimal) heating device, as previously referenced, has the following values and parameters:

- 20 • 0.2 grams heat-generating medium per square centimeter ( $\text{cm}^2$ ).
- heat-generating medium composition: 2:2:3 (W:W:V) activated carbon:reduced iron powder:10% NaCl/water solution. (i.e. 2g:2g:3ml)
- 1.2% of the top membrane area (area which is capable of contacting ambient air) is made of microporous polyethylene film (such as msx 1137P™ made by 3M Corp.). The remainder (i.e. 98.8% of the top membrane area) is made of nonpermeable material.

When this heat-generating medium is used as designed, the warmth should be felt within about three minutes after the device is activated. The temperature should be within 2°C. or less of the steady state temperature within ten minutes from the activation. Even shorter times may be achievable through optimization of the invention's heat generating medium and control mechanisms. The temperature

at the skin should be substantially at the steady state temperature ( $\pm 2^{\circ}\text{C}$ . variation) for a duration of preferably 30 minutes or longer, before cooling down slowly.

FIG. 2 is a side plan cross-sectional view of another embodiment of the pharmaceutical administering device 10. The embodiment shown in FIG. 2 is very similar to the embodiment shown in FIG. 1, therefore the drawing numbers for similar elements are the same. The embodiment shown in FIG. 2 does not include the formulation 20 containing a pharmaceutically-active agent in the initial structure of device 10. Rather, a drug formulation is placed into the thin drug formulation reservoir 12 immediately before application of device 10 to the skin of the patient.

10 The device 10 shown in FIG. 2 has an empty drug formulation reservoir 12 to accommodate the drug formulation and a heat-generating chamber 14, the two compartments being separated by a non-permeable wall 16 supported by the housing 18. The heat-generating chamber 14 includes at least one surface 22 comprising a non-permeable membrane 24 having means for contacting ambient air such as at least one opening 26 or at least one area of semipermeable membrane 26, or an entire surface of semipermeable membrane with desired air permeability, as described above for FIG. 1. The device 10 may also include spacing or standoff means 34 between the first non-permeable wall 16 and the skin area 32, as described above with respect to FIG. 1.

20 The device 10 is stored in an air-tight container (not shown). Prior to use, the device 10 is removed from the container and the drug formulation is placed into the drug formulation reservoir 12 of the device 10. The device 10 is then applied onto the skin area 32 to be treated.

25 The present invention can also be structured without the drug reservoir, as shown in FIG. 3. It is thus a tape 40 with a heat-generating chamber 42 on the top ("heating cover"). The tape may be fabricated of similar materials to the structures of FIGS. 1 and 2. The lower side 44 of the heat-generating chamber wall 46 contacting the skin is preferably adhesive, or an adhesive skirt 43 (shown in broken lines) may be formed around the periphery of the heat-generating chamber 42. As 30 in the other embodiments, the upper wall 48 of heat generating chamber 42 may be provided with openings or semipermeable membrane areas 50, or may be completely formed of a semipermeable membrane. Tape or lid-type temperature regulating elements may also be provided. This "heating cover" may be placed on

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top of various types (i.e. creams, patches, ointments) of independent dermal drug delivery systems (shown generally in broken lines as 52) to elevate and regulate the skin temperature for achieving improved clinical effects.

It should be appreciated that the heating cover embodiment of FIG. 3 differs  
5 from prior art devices within the knowledge of the inventors in that no prior art  
device is formed as a free-standing (e.g., independent) heating element for the  
promotion of dermal drug delivery, or is to be used with other, separate and  
independent dermal drug delivery systems, such as the aforementioned cream, patch  
or ointments types. Further, none of the known prior art can achieve a combination  
10 of rapid onset time of heating, steady state temperature within a range suitable for  
drug delivery, sufficient duration of steady-state heating, and light weight.

#### EXAMPLE 1

##### I. The manufacturing of an exemplary prototype.

15 1. The formulation.

Liquid #1 (aqueous phase): Five parts (weight) of Gelatin (type B, 250 bloom) was added into 95 parts (weight) of a solution made of 0.4% Pemulen TR2™ (B. F. Goodrich Co.), 0.186% NaOH and the balance of water. The mixture was heated and stirred until the Gelatin was dissolved. Air bubbles were removed by  
20 centrifugation. Four and eight hundredths grams of this solution was placed into a disposable syringe.

Liquid #2 (oil phase): Equal weights of tetracaine base and lidocaine base were placed into a glass vial. The mixture was heated to approximately 60°C. and shaken until a homogeneous liquid was obtained, then cooled to room temperature.  
25 The mixture (eutectic mixture of lidocaine and tetracaine) stayed as liquid at room temperature. One and four hundredths of a gram of this liquid was placed into a second disposable syringe.

The two syringes were connected with a 3-way stopcock, and the contents of the syringes were pushed back and forth 60 times to obtain a white emulsion. The  
30 emulsion stayed as a flowable and viscous liquid when temperature was higher than approximately 30°C., but solidified when the temperature was significantly cooler.

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2. The drug reservoir in the patch

A ring of foam tape (inside diameter 2.38 centimeters (15/16 inch), outside diameter 3.49 centimeters (1-3/8 inch), thickness 0.08 centimeters (1/32 inch), foam tape 9773, 3M Corp.) was cut from the foam tape sheet and placed on a release

5 liner disc with a diameter of 3.49 centimeters (1-3/8 inch), so a 0.08 centimeters (1/32 inch) tall, 2.38 centimeters (15/16 inch) diameter drug reservoir was formed. The formulation was injected into the reservoir while still liquid. The top of the reservoir was covered with a disk of a polymer tape. The formulation became a gel after cooling down.

10 3. The heat-generating chamber

A ring of foam tape as discussed in step 2 was obtained, and placed on top of the drug reservoir made in step 2. This formed a heat-generating chamber.

In a glass vial, 1.5 grams activated carbon, 2.1 grams reduced iron powder and 2.1 milliliter 10% NaCl were placed into a glass vial and mixed thoroughly.

15 The vial was tightly capped. This was the heat-generating medium.

A 3.49 centimeters (1-3/8 inch) diameter disk was cut from the 0.08 centimeter (1/32 inch) thick foam tape. Three holes were punched on the foam tape, each having a diameter of 0.15 cm, each about 0.6 cm from the center of the disk, and 120 degrees apart from each other. A 2.38 centimeter (15/16 inch) disk 20 was cut from a microporous polyethylene film (such as msx 1137P, 3M Corp.), and placed on the adhesive side of the foam tape disk with holes. This was the heat-generating chamber cover.

25 Approximately 0.4 grams heat-generating medium was placed into the heat-generating reservoir before the heat-generating chamber cover was placed on top of the heat-generating reservoir.

4. Storage container of the device

The device made above was placed into an air-tight container immediately after it was made. The container's opening was then sealed with a bag sealer.

It should be noted that it is possible, by making the heat-generating chamber 30 deeper and placing more heat-generating medium into the chamber, as well as by optimizing the air flow rate for a particular application, that the function of the device described immediately above might be further improved.

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II. Use and effect of the device in comparison to EMLA

EMLA was squeezed out from the container onto the dorsum of the right hand of a human subject (one of the inventors herein) and covered with a plastic tape. The device of the invention made as described immediately above was taken out of the storage container. The release liner at the bottom of the drug reservoir was peeled off before the device was affixed on the dorsum of the left hand of the human subject. At predetermined intervals, the skin areas being treated were pricked with a blunt needle and the pain sensation was recorded. The effect scores were defined as follows:

10      0: no effect  
          1: between no numbness and medium numb  
          2: medium numb  
          3: almost completely numb  
          4: completely numb, but not deep  
15      5: completely numb and deep.

The results were, as follows:

	<u>Time from Application</u>	<u>EMLA effect score</u>	<u>Device effect score</u>
20	20 min	0	5
	25 min	0	5 (device removed)
	30 min	0	5
	35 min	1	5
	40 min	1-3	5
	45 min	4-5	5
	50 min	5	5

25      This result clearly suggests that the onset time of the device of the invention is significantly shorter than that of EMLA.

EXAMPLE 2

One potential manufacturing procedure for an exemplary sample formulation  
30      is as follows:

Step 1:

Heat and stir 1:1 (weight) ratio of tetracaine base: lidocaine base to above 60°C., until a homogeneous liquid is obtained, then let the liquid cool to room temperature. This is the oil phase.

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Step 2:

Add selected gelling agent(s) [i.e. carrageenin, gelatin] into water. Heat water to a temperature higher than the melting point of the gel to be made [i.e. - higher than 35°C. for gelatin, higher than 70°C. for carrageenin or 5 carrageenin/gelatin combination]. Stir to make homogeneous solution. Centrifuge to eliminate air bubbles. This is the aqueous phase.

Step 3:

Emulsify the oil and aqueous phases (weight ratio 5:95 to 50:50, preferably 8:92 - 30:70, most preferably 12:88 - 24:76) while the aqueous phase is still warm 10 enough to be a liquid. Keep this emulsified liquid (a viscous white fluid) in a temperature higher than its melting point until it is injected into drug reservoirs of devices. The maximum time between the start of emulsifying process and the injection is 24 hours, preferably 6 hours, and most preferably 1 hour (to minimize hydrolytic degradation of tetracaine which has a high rate at elevated temperatures).

Step 4:

Inject the formulation into the drug reservoirs while the formulation is warm enough to stay as a liquid, then cool to obtain gel.

EXAMPLE 3

20 EMLA was squeezed out of the container onto two areas of the skin of the left thigh of a human subject (one of the inventors herein). The two selected areas each had an area of approximately 4 square centimeters ( $\text{cm}^2$ ) and their centers were approximately 4 cm apart. After applying EMLA, one of the areas was covered with a plastic tape, the other with an activated heating element similar to the heating 25 chamber described in EXAMPLE 1, comprising a heating cover as described with respect to FIG 3. At a comparable position of the right thigh, a device with formulation and heating element similar to that described in EXAMPLE 1 was applied. The pain sensation and the effective score were measured in a similar way as that previously described in Section II of EXAMPLE 1. The results were as 30 follows:

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	<u>EMLA</u> <u>without</u> <u>heating</u>	<u>EMLA</u> <u>with heating</u>	<u>Invention (with heating)</u>
5	15 0	0	4.5
	20 0	0	4-4.5
	25 0	0	4-5 (device removed)
	30 0	1-2	5
	35 0	1-2.5 (heating element and cream removed) 5	
10	40 1	4-4.5	
	50 0-1 (cream removed)	4.5-5	
	60 4	5	

These results suggest two things:

1. The system of this invention has a shorter onset time than EMLA even if EMLA is used with the heating element ("heating cover"). This is believed to be due to the superior formulation of the invention.
2. Heated EMLA resulted in shorter onset time than unheated EMLA. This demonstrates the effect of the "heating cover" (FIG. 3) when used with independent dermal drug delivery system.

20

#### EXAMPLE 4

The position of the EMLA application and placement of the device of the invention is on the lower legs of the subject, one of the inventors herein.

	<u>Time</u>	<u>EMLA (without heating)</u>	<u>Invention (with heating)</u>
25	15	0	0
	20	0	2
	25	0	2-3
	30	0	4-4.5 (device removed)
	35	0	4.5
30	40	0	5
	45	0	5
	50	0	
	60	0	
	70	0	
35	80	1	
	90	1-3	
	100	2 (EMLA removed)	
	114	4-4.5	

These results, along with that in Examples 1 and 3, suggest that the current invention provides not only shorter onset times, but also less variation in onset times. It should also be pointed out that the devices used in these examples were

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not thought to be finally optimized or manufactured under tight quality control as they might be in commercial production. Optimization of the system, especially the heating element, are expected to provide even better results. The heating lasted ten to fifteen minutes. The skin of the subject was quite cold at inception of heating.

5

EXAMPLE 5

An example of another heating medium composition is activated carbon and iron powder in a 1:1 W:W ratio. To 56 parts of the C:Fe powder (by weight), 42 parts (by volume) of 10% (weight) NaCl in water is added. For example, 5.6 g of  
10 1:1 C:Fe powder is mixed thoroughly with 4.2 ml 10% NaCl in water to obtain loose granules. The granules may be frozen, then placed in an appropriate housing. When activated, the heat generated by this formulation in a housing was measured with a thermocouple placed between the heating device and a foam tape. Within three minutes of activation, a temperature of 29°C. was observed, and within about  
15 ten minutes, a relatively stable temperature of 37°C. was attained, which was then maintained for about fifty minutes, when the thermocouple was removed.

Having thus described in detail preferred embodiments of the present invention, it is to be understood that the invention defined by the appended claims is not to be limited by particular details set forth in the above description as many  
20 apparent variations thereof are possible without departing from the spirit or scope thereof.

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CLAIMS

What is claimed is:

1. An apparatus for rapid, enhanced and less variable dermal absorption of pharmaceuticals comprising:

5        a hollow frame having a first open end and a second open end;  
          a non-permeable wall disposed between said hollow frame's first and second open end;  
          a first chamber defined by said hollow frame, said non-permeable wall, and said hollow frame first open end;  
10      a second chamber defined by said hollow frame, said non-permeable wall, and said hollow frame second open end, said second chamber being capable of housing a predetermined amount of a pharmaceutically-active formulation; and  
          a heating element for heating the user's skin and regulating the temperature thereof, said heating element comprising a heat-generating means disposed within  
15      said first chamber.

2. The apparatus of claim 1, wherein said heat-generating means is a heat-generating medium comprising a chemical composition made of carbon, iron, water and/or salt which is activated upon contact with ambient air.

20      3. The apparatus of claim 2, wherein said hollow frame first open end is capped with a structure for controlling ambient air contact with said heat-generating medium.

25      4. The apparatus of claim 3, wherein said air flow control structure comprises a cover non-permeable to air with opening(s) therein, or area(s) comprising a membrane with desired permeability to air (semi-permeable membrane).

30      5. The structure in claim 4, wherein said cover is made of material(s) having good thermal insulation properties.

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6. The apparatus of claim 4, wherein the air flow control structure further comprises means for adjusting the effective surface area of the opening(s) or portion(s) comprising semipermeable membrane.

5 7. The apparatus of Claim 1, wherein said heating element is capable of rapidly elevating the user's skin temperature to within a desired range.

8. The apparatus of claim 1, wherein said heating element is adapted to maintain said skin temperature within a desired temperature range for an extended  
10 length of time.

9. The apparatus of claim 1, further including spacing means disposed between said non-permeable wall and said hollow frame second open end for substantially maintaining a predetermined depth between said non-permeable wall  
15 and said hollow frame second open end.

10. The apparatus of claim 9, wherein said spacing means is selected from a group comprising a grid, parallel baffles, concentric circles, pins, posts, a sponge-like 3-D matrix, or any other configuration which substantially maintains a  
20 predetermined depth between said non-permeable wall and said hollow frame second open end while still allowing said pharmaceutically-active formulation to reside within said second chamber.

11. The apparatus of claim 1, wherein said hollow frame comprises a  
25 flexible foam which is substantially deformable to conform to an irregular or non-planar surface.

12. The apparatus of claim 1, wherein said hollow frame further includes an adhesive surface adjacent said hollow frame second open end.  
30

13. The apparatus of claim 1, further including a pharmaceutically-active formulation containing local anesthetic(s) disposed in said second chamber.

14. The apparatus of claim 13, wherein said pharmaceutically-active formulation containing local anesthetic comprises:

an emulsion with an oil phase and an aqueous phase;

said oil phase being a eutectic mixture of local anesthetics wherein at least

5 one local anesthetic in said eutectic mixture is subject to hydrolytic degradation when in contact with water, the weight percentage of said eutectic mixture of local anesthetics in the said formulation being higher than the percentage above which further increasing said percentage does not shorten the anesthesia onset time significantly, but does significantly reduce the rate of overall loss of said local  
10 anesthetic(s) in said formulation to said hydrolytic degradation; and

said formulation containing at least one compound that acts as an emulsifying agent, gelling agent, or thickening agent.

15. An apparatus for rapid, enhanced and less variable dermal absorption

15 of pharmaceuticals comprising:

a hollow frame of flexible foam which is substantially deformable to conform to an irregular or non-planar surface, said hollow frame having a first open end and a second open end;

20 a non-permeable wall disposed between said hollow frame first and second open end;

a first chamber defined by said hollow frame, said non-permeable wall, and said hollow frame first open end;

a second chamber defined by said hollow frame, said non-permeable wall, and said hollow frame second open end;

25 said second chamber being capable of housing a predetermined amount of a pharmaceutically-active formulation;

a heating element for heating the user's skin and regulating the temperature thereto into a desired and elevated narrow range for a desired length of time, said heating element comprising a heat-generating medium disposed within said first chamber and being a composition made of carbon, iron, water and/salt which is activated upon contact with ambient air;

30 said hollow frame first open end being capped with a structure for controlling ambient air contact with said heat-generating medium, said structure

comprising an opening(s) or area(s) of said cap comprising semipermeable membrane including structure for adjustably constricting the size of the opening(s) or area(s) comprising semipermeable membrane;

spacing means disposed between said non-permeable wall and said hollow frame second open end for substantially maintaining a predetermined depth between said non-permeable wall and said hollow frame second open end, said spacing means selected from a group comprising a grid, parallel baffles, concentric circles, pins, posts, a sponge-like 3-D matrix, or any other configuration which substantially maintains a predetermined depth between said non-permeable wall and said hollow frame second open end while still allowing said pharmaceutically-active formulation to reside within said second chamber; and

means for adhering said frame to the skin of a user with said hollow frame second open end in contact therewith.

15 16. A method for rapid, enhanced and less variable dermal absorption of pharmaceuticals comprising:

providing a patch comprising:

- a) a hollow frame having a first open end and a second open end;
- b) a non-permeable wall disposed between said hollow frame's first and second open end;
- c) a first chamber defined by said hollow frame, said non-permeable wall, and said hollow frame first open end;
- d) a second chamber defined by said hollow frame, said non-permeable wall, and said hollow frame second open end, said second chamber being capable of housing a predetermined amount of a pharmaceutically-active formulation; and
- e) a medium for heating and regulating the temperature of a user's skin, said heat-generating medium disposed within said first chamber;

inserting a predetermined amount of pharmaceutically-active formulation into said second chamber, either during the fabrication of said patch or immediately prior to use thereof;

activating said heating medium;

affixing said patch to said user's skin such that said pharmaceutically-active formulation is in direct contact therewith; and

allowing said patch to remain on said user's skin for a predetermined duration of time.

17. The method of claim 16, wherein said heat-generating medium is a  
5 chemical composition made of carbon, iron, water and/or salt which is activated upon contact with ambient air.

18. The method of claim 16, further comprising heating the user's skin and regulating the temperature thereof into a desired and elevated narrow range for  
10 extended length of time.

19. The method of claim 17 further comprising controlling the rate of heat-generation of said heat-generating medium subsequent to application to said user's skin.

15  
20. The method of claim 19, wherein said control is effected by adjustment of air flow to said heat-generating medium.

21. The method of claim 20, wherein said air flow adjustment is effected  
20 by adjusting the surface area of contact between said heat-generating medium and air exterior to said frame.

22. The method of claim 16, further including substantially maintaining  
the depth of said second chamber after affixation of said device to said user's skin.

25  
23. The method of claim 22, wherein said depth is maintained by interposing a mechanical structure between said non-permeable wall and said second open end.

30  
24. The method of claim 16, further comprising deforming said patch to conform to said user's skin upon affixation thereto.

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25. The method of claim 16 further comprising adhering said patch to  
said user's skin.

26. The method of claim 16, wherein said predetermined amount of a  
5 pharmaceutically-active formulation contains local anesthetic(s).

27. A formulation for reduced overall degradation rate of certain local  
anesthetic(s) and improved noninvasive dermal anesthesia comprising:

10 a emulsion with an oil phase and an aqueous phase;  
said oil phase being a eutectic mixture of local anesthetics wherein at least  
one local anesthetic in said eutectic mixture is subject to hydrolytic degradation  
when in contact with water, the weight percentage of said eutectic mixture of local  
anesthetics in the said formulation being higher than the percentage above which  
further increasing the said percentage does not shorten the anesthesia onset time  
15 significantly, but does significantly reduce the overall rate of said hydrolytic  
degradation; and

said formulation containing at least one compound that is emulsifying agent,  
gelling agent, or thickening agent.

20 28. The formulation of claim 27, wherein said emulsion is gelled.

29. The formulation of claim 28, wherein said gelled emulsion softens or  
melts upon heating.

25 30. The formulation of claim 28, wherein said gelled emulsion rapidly  
melts or significantly softens when heated to greater than about 30°C.

31. The formulation of claim 27, wherein said emulsion is thickened such  
that it is substantially non-flowable and cohesive at ambient temperature.

30 32. The formulation of claim 28, wherein said gelled emulsion does not  
melt or significantly soften upon said heating.

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33. The formulation of claim 27, further including pH regulating agent(s), coloring agent(s), permeation enhancing agent(s), or a combination thereof.

5 34. The formulation of claim 27, wherein the eutectic mixture of local anesthetics comprises tetracaine and lidocaine.

35. The formulation of claim 34, wherein the ratio of tetracaine to lidocaine is between 1:0.5 and 1:1.5.

10 36. The formulation of claim 34, wherein said tetracaine and lidocaine in said eutectic mixture is formulated in a substantially one to one weight ratio.

15 37. The formulation of claim 27, wherein the weight percentage of said eutectic mixture in said formulation is greater than about 6%.

38. The formulation of claim 27, wherein the weight percentage of said eutectic mixture in said formulation is greater than about 12%.

20 39. The formulation of claim 27, wherein the weight percentage of said eutectic mixture in said formulation is greater than about 18%.

40. A formulation for reduced overall degradation rate of certain local anesthetic(s) and improved noninvasive dermal anesthesia comprising:

25 a gelled-emulsion with an oil phase and an aqueous phase which melts or significantly softens when heated to greater than about 30°C.; or

a gelled-emulsion with an oil phase and an aqueous phase which does not melt or significantly softens when heated to greater than about 30°C.;

said oil phase being a eutectic mixture of tetracaine and lidocaine;

30 the weight percentage of said eutectic mixture in said emulsion being greater than about 6.0%;

said formulation having at least one compound that is a emulsifying agent, a gelling agent, or a thickening agent; and

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said gelled-emulsion optionally including pH regulating agent(s), coloring agent(s), permeation enhancing agent(s), or a combination thereof.

41. An apparatus for facilitating rapid, enhanced and less variable dermal absorption of a pharmaceutical, comprising:

5 a housing defining first and second superimposed, substantially laterally coextensive predominantly two-dimensional chambers separated by a wall;

a heating and temperature-regulating element comprising said first chamber containing a heat-generating medium; and

10 said second chamber for containing a pharmaceutically-active formulation.

42. The apparatus of claim 41, wherein said heat-generating medium is an exothermic chemical medium activated by contact with oxygen in the ambient air.

15

43. The apparatus of claim 42, wherein said chamber is structured to control the degree of access of said ambient air to said heat-generating medium within said first chamber.

20

44. The apparatus of claim 43, wherein said ambient air access control structure is configured for adjustability of the surface area of said housing through which said ambient air may contact said heat-generating medium.

25

45. The apparatus of claim 41, wherein said second chamber is open over an area opposite and substantially coextensive with that of said wall for direct contact of a contained pharmaceutically-active formulation with the skin of a user to which said apparatus is applied.

30

46. The apparatus of claim 45, further including a standoff structure extending between said wall and said open area and defining a depth of said second chamber.

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47. The apparatus of claim 41, wherein said housing is flexibly conformable to the exterior body contours of a patient.

48. The apparatus of claim 41, further including an adhesive placed on  
5 said housing about at least a portion of the periphery of said open area for affixation  
of said housing to the skin of a user.

49. The apparatus of claim 41, further including an adhesive for affixing  
said housing to the skin of a user with said open area in substantially complete  
10 contact therewith.

50. The apparatus of claim 41, further including a pharmaceutically-active formulation within said second chamber.

15 51. The apparatus of claim 50, wherein said pharmaceutically-active formulation is a gel containing at least 6% of eutectic mixture of local anesthetic(s).

52. A method of facilitating the rapid, enhanced and less variable dermal absorption of pharmaceutically-active agent(s), comprising:

20 providing a quantity of a selected pharmaceutically-active formulation;  
applying said formulation to the skin of a patient over a selected two-dimensional area thereof; and  
generating heat substantially over said two-dimensional area of said skin with  
said formulation interposed between said heat and said skin.

25 53. The method of claim 52, further including confining said formulation over a preselected area.

54. The method of claim 53, further including generating said heat within  
30 a housing also containing said formulation.

55. The method of claim 54, further comprising controlling the rate at which said heat is generated.

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56. The method of claim 52, further comprising maintaining a substantially constant depth of said formulation adjacent said skin.

57. The method of claim 52, further comprising maintaining the temperature of said skin substantially within preselected upper and lower limits for a period of time sufficient to obtain an improved clinical effect from said formulation.

58. The method of claim 52, further comprising providing a heat source for generating said heat via a chemical reaction, placing said heat source and said formulation within a common housing separated by a wall substantially coextensive with the size and shape of said two-dimensional area, said housing being open on one side opposite said wall for direct contact of said formulation with said skin.

59. The method of claim 58, further comprising activating said chemical reaction and controlling the rate thereof by limiting contact between said heat source and ambient air.

60. An apparatus for facilitating rapid, enhanced and less variable dermal absorption of a pharmaceutical, comprising:  
20 a housing defining predominantly two-dimensional chamber;  
a heating and temperature-regulating element comprising said chamber containing a heat-generating medium; and  
structure for affixation of said housing over the skin of a user over a separate drug delivery system.

25 61. The apparatus of claim 60, wherein said heat-generating medium is an exothermic chemical medium activated by contact with oxygen in the ambient air.

30 62. The apparatus of claim 61, wherein said chamber is structured to control the degree of access of said ambient air to said heat-generating medium therewithin.

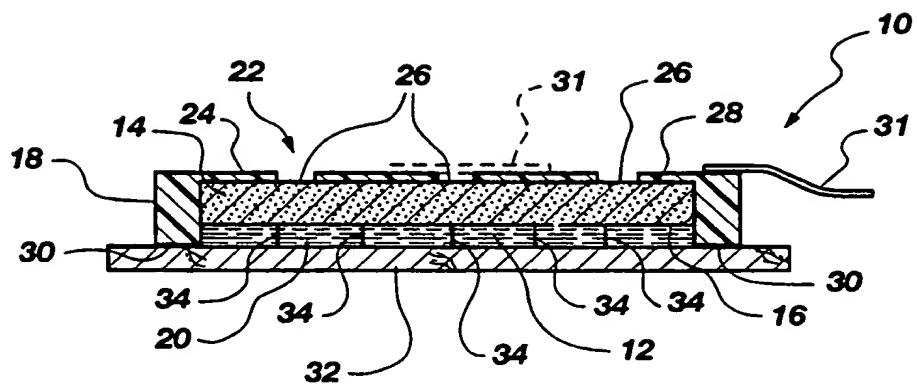
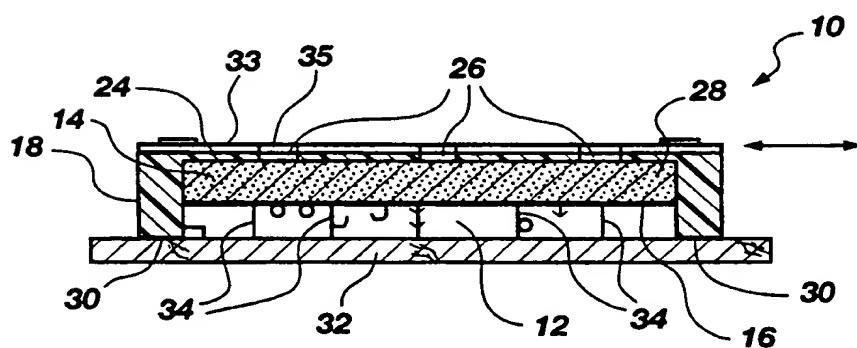
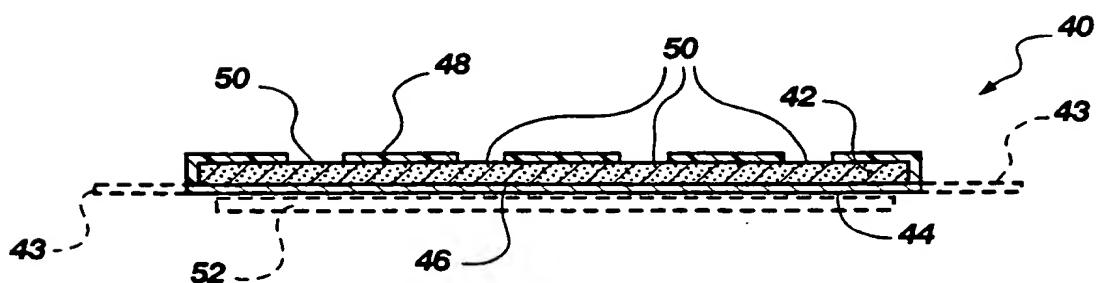
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63. The apparatus of claim 62, wherein said ambient air access control structure is configured for adjustability of the surface area of said housing through which said ambient air may contact said heat-generating medium.

5 64. The apparatus of claim 60, wherein said housing is flexibly conformable to the exterior body contours of a patient.

65. The apparatus of claim 60, wherein said structure for affixation comprises an adhesive associated with said housing.

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**Fig. 1****Fig. 2****Fig. 3**

## INTERNATIONAL SEARCH REPORT

International application No. PCT/US96/12319
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**A. CLASSIFICATION OF SUBJECT MATTER**

IPC(6) : A61F 13/00  
US CL : 424/449

According to International Patent Classification (IPC) or to both national classification and IPC

**B. FIELDS SEARCHED**

Minimum documentation searched (classification system followed by classification symbols)

U.S. : 424/447, 448, 449

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched  
NONE

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)  
NONE

**C. DOCUMENTS CONSIDERED TO BE RELEVANT**

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
Y	US 4,230,105 A (R. J. HARWOOD) 28 October 1980, column 1 line 30 through column 3, line 11.	1-26 and 41-65
Y	US 4,529,601 A (B. F. J. BROBERG ET AL.) 16 July 1985, entire document.	27-40
Y	US 4,685,911 A (Y. KONNO ET AL.) 11 August 1987, column 1, line 65 through column 3, line 61.	1-26 and 41-65
Y	US 4,898,592 A (A. LATZKE ET AL.) 06 February 1990, column 1, line 41 through column 2, line 52 and column 6, line 64 through column 8, line 65.	1-26 and 41-65
Y	US 5,330,452 (G. P. ZOOK) 19 July 1994, entire document.	1-65

Further documents are listed in the continuation of Box C.  See patent family annex.

* Special categories of cited documents:	"T"	later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention
"A" document defining the general state of the art which is not considered to be of particular relevance	"X"	document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone
"E" earlier document published on or after the international filing date	"Y"	document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art
"L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)	"&"	document member of the same patent family
"O" document referring to an oral disclosure, use, exhibition or other means		
"P" document published prior to the international filing date but later than the priority date claimed		

Date of the actual completion of the international search

21 OCTOBER 1996

Date of mailing of the international search report

06 NOV 1996

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# INTERNATIONAL SEARCH REPORT

International application No.  
PCT/US96/12319

## Box I Observations where certain claims were found unsearchable (Continuation of item 1 of first sheet)

This international report has not been established in respect of certain claims under Article 17(2)(a) for the following reasons:

1.  Claims Nos.: because they relate to subject matter not required to be searched by this Authority, namely:
  
2.  Claims Nos.: because they relate to parts of the international application that do not comply with the prescribed requirements to such an extent that no meaningful international search can be carried out, specifically:
  
3.  Claims Nos.: because they are dependent claims and are not drafted in accordance with the second and third sentences of Rule 6.4(a).

## Box II Observations where unity of invention is lacking (Continuation of item 2 of first sheet)

This International Searching Authority found multiple inventions in this international application, as follows:

Please See Extra Sheet.

1.  As all required additional search fees were timely paid by the applicant, this international search report covers all searchable claims.
2.  As all searchable claims could be searched without effort justifying an additional fee, this Authority did not invite payment of any additional fee.
3.  As only some of the required additional search fees were timely paid by the applicant, this international search report covers only those claims for which fees were paid, specifically claims Nos.:
  
4.  No required additional search fees were timely paid by the applicant. Consequently, this international search report is restricted to the invention first mentioned in the claims; it is covered by claims Nos.:

### Remark on Protest

The additional search fees were accompanied by the applicant's protest.  
 No protest accompanied the payment of additional search fees.

# INTERNATIONAL SEARCH REPORT

International application No.  
PCT/US96/12319

## BOX II. OBSERVATIONS WHERE UNITY OF INVENTION WAS LACKING

This ISA found multiple inventions as follows:

Group I, claims 1-26 and 41-65 drawn to an apparatus for dermal absorption and a method of dermal absorption using the apparatus.

Group II, claims 27-40, drawn to a formulation of an anesthetic.

The Groups listed above do not relate to a single inventive concept under PCT Rule 13.1 because, under PCT Rule 13.2, the Groups lack the same or corresponding special technical feature for the following reasons: The special technical feature of Group I is a heating element for heating a user's skin, said element being only one component of a transdermal apparatus. Group I does not require any particular active agent. The special technical feature of Group II is an emulsion/formulation of an anesthetic agent. The formulation of Group II does not require the heating element/apparatus of Group I and can be used simply by placing on the skin.

Accordingly, the claims are not so linked by a special technical feature within the meaning of PCT Rule 13.2 so as to form a single inventive concept.